


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **715953** (6)

1. Corporation Name
ROLLING GREEN CONDOMINIUM C, INC.



Principal Place of Business Mailing Address
1501 N.E.191 ST. NORTH MIAMI BEACH FL 33179 **1501 N.E.191 ST. NORTH MIAMI BEACH FL 33179-6201**

3. Date Incorporated or Qualified **01/28/1969** 3a. Date of Last Report **01/25/1996**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-1277204** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOTARIUS, FRANCES
1501 NE 191ST ST #209
N MIAMI BCH FL 33179

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOTARIUS, JOSEPH R	1.2 NAME	CHERNOFF, HILDA
STREET ADDRESS	1501 NE 191 ST, APT 209	1.3 STREET ADDRESS	1501 NE 191 ST APT 209
CITY-ST-ZIP	N MIAMI BEACH FL	1.4 CITY-ST-ZIP	N. MIA BCH FL 33179
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGIO, ANNE	2.2 NAME	
STREET ADDRESS	1501 NE 191ST STREET, APT 202	2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCKER, HYMAN	3.2 NAME	
STREET ADDRESS	1501 NE 191ST ST #304	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOTARIUS, FRANCES	4.2 NAME	
STREET ADDRESS	1501 NE 191ST ST #209	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRASNER, HERBERT	5.2 NAME	
STREET ADDRESS	1501 NE 191 ST APT 406	5.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEIRTAG, EVE	6.2 NAME	
STREET ADDRESS	1501 NE 191ST ST #315	6.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Herbert A. Kraskner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Jan 7/97** 305949-5795
Daytime Phone # **0033342**

CR2E037 (9/96)